SECURE CARE - SPECIAL EDUCATION TEACHER SURVEY

SETS School/Site____ PEA____

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		For ESS Use Only
1.	Describe the good things going on in your school district or charter school's special education program	
2.	Are you involved in determining whether existing data is sufficient or additional data is needed when a student is being evaluated/reevaluated? YES No	I O U II.A.3.a
3.	Do the IEPs of your students accurately reflect their educational needs? If "NO", please provide specifics. YESNO	I O U III.A.9
4.	Are all special education services being provided as indicated in the IEPs of your students? If "NO", please provide specifics. YesNO	I O U IV.A.1
5.	Describe the service delivery models presently used by your district or charter school. Explain how you would ensure the availability of other options, if needed.	I O U IV.A.3
6.	List three ways you adhere to confidentiality requirements. 1. 2. 3.	I O U V.A.1
7.	Describe any concerns about your school district or charter school's special education program.	

Your time and effort in completing this form is greatly appreciated!